PTO/SB/06 (08-03)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875										Application or Docket Number		
CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)							SMALL E	NTITY	OR	OTHER THAN OR SMALL ENTITY		
	FOR	NUMBE	NUMBER FILED		NUMBER EXTRA		RATE	FEE		RATE :	FEE	
BASIC FEE (37 CFR 1.16(a))						8	OR		\$			
TOTAL (16	/6 minus 20 = •				x \$=		OR	x s=		
INDEPENDENT CLAIMS (37 CFR 1.16(b))		is 3	3 minus 3 =		. /		x \$=		OR	x s=		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+5=		OR	+\$=		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II												
9/27/5/ (Column 1) (Column 2) (Column 3)						SMALL E	ENTITY	OR	OTHER THAN SMALL ENTITY			
NT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	<u>.</u>	RATE	ADDI- TIONAL FEE	
ME .	Total 7 CFR 1.10(ct)	. 25	Minus	28	* 5		X \$=		OR	x \$=	96	
AMENDMENT	ndependent 17 CFR 1.16(b))	. 6	Minus	7	· 7		x s=		OR	x s=	240	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(4))							+5=		OR	+5_=		
/ /							TOTAL ADD'L FEE		OR	TOTAL ADO'L FEE	min	
6/	13/85	(Column 1)		(Column 2)	(Column 3)	_			_			
NT B	7	CLAIMS REMAINING AFTER AMENDMENT	·	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
٦	Total 17 CFR 1.18(c)	26	Minus	" 26	• –		× 8=		OR	x s=		
AMENDMENT	ndependent 17 CFR 1,14(b))	6	Minus	" 6	• —		x 8=		OR	x s=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))							<u> +, </u>		OR	+5=	·	
							TOTAL ADD'L FEE		OR	ADD'L FEE		
1/20/06 (Column 1) (Column 2) (Column 3)									_		_	
S F	- /	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE]	RATE	ADDI- TIONAL FEE	
🖁 ,	Total 17 CFR 1.10(c)	. 26	Minus	25	• /		x \$=		OR	x s=	90	
AMENDMENT	ndependent 37 CFR 6.18(b))	. 3	Minus	" b	۰ ۵		x 8=		OR	x \$		
§ ,	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 OFR 1.16(d))						+5=		OR	+ 5 -		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	PAIL	
If the entry in column 1 is less than the entry in column 2, write "I" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".												

The "Highest Number Previously Pald For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.